



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
Horiuchi Bell	Anne	T.	808-547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			808-547-5880
(City)	(State)	(Zip Code)	
Honolulu, HI 96813			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Goodsill Anderson Quinn & Stifel			808-547-5600
MAILING ADDRESS (Street)			FAX
Same as above.			
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
IMS Health Incorporated c/o MultiState Associates Inc.	703-684-1110	
MAILING ADDRESS (Street)	FAX	
515 King Street, Suite 300	703-684-7912	
(City)	(State)	(Zip Code)
Alexandria, VA 22314		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Carrie Calvin	703-684-1110	
MAILING ADDRESS (Street)	FAX	
515 King Street, Suite 300	703-684-0717	
(City)	(State)	(Zip Code)
Alexandria, VA 22314		

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                       | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs                | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input type="checkbox"/> Health                          | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below) _____              |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                         | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Anne J. Abruzzi-Bell  
(Signature of Lobbyist)

3/13/06  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Paul W. Hallman	President MultiState Associate Inc.

NAME OF ORGANIZATION (if applicable)

IMS Health Incorporated, c/o MultiState Associates Inc.

TELEPHONE

703-684-1110

MAILING ADDRESS (Street)

515 King Street, Suite 300

FAX

703-684-7912

(City)

(State)

(Zip Code)

Alexandria, VA 22314

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Paul W. Hallman  
(Signature of Authorizing Officer or Person Represented)

3/8/06  
(Date)